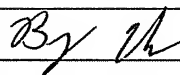
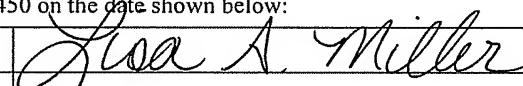


| | | |
|--|------------------------|------------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 10/508,881 |
| | Filing Date | 4/26/2005 |
| | First Named Inventor | Nicolas ZARTENAR |
| | Art Unit | 1797 |
| | Examiner Name | Natasha E. YOUNG |
| Total Number of Pages in This Submission | Attorney Docket Number | 1943 - 045073 |

| ENCLOSURES <i>(check all that apply)</i> | | |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts Under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. RCE |
| <div style="border: 1px solid black; padding: 2px; min-height: 50px;"> <div style="border-bottom: 1px solid black; padding-bottom: 2px;">Remarks</div> </div> | | |

The Commissioner for Patents is hereby authorized to charge any additional fees or underpayment of fees under 37 CFR 1.16 and 1.17 to Deposit Account No. 23-0650.

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|----------|--------|
| Firm Name | The Webb Law Firm | | |
| Signature |  | | |
| Printed Name | Bryan P. Clark | | |
| Date | May 27, 2008 | Reg. No. | 60,465 |

| CERTIFICATE OF TRANSMISSION / MAILING | | | |
|--|---|------|--------------|
| I hereby certify that this correspondence is being electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: | | | |
| Signature |  | | |
| Typed or printed name | Lisa A. Miller | Date | May 27, 2008 |

| | | | |
|---|--|--|---------------------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | Complete if Known | |
| <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3> | | Application Number: 10/508,881 | Filing Date: 4/26/2005 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | First Named Inventor: Nicolas ZARTENAR | Examiner Name: Natasha E. YOUNG |
| TOTAL AMOUNT OF PAYMENT (\$ 810.00) | | Art Unit: 1797 | Attorney Docket: 1943 - 045073 |

| | |
|--|---|
| METHOD OF PAYMENT (check all that apply) | |
| <input type="checkbox"/> Check | <input checked="" type="checkbox"/> Credit Card |
| <input type="checkbox"/> Money Order | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please identify): _____ | |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: The Webb Law Firm | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | |
| <input type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | |

| | | | | | | | |
|---|---------------------|---------------------|---------------------|---|---------------------|----------------------------------|-----------------------|
| FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
| | <u>Small Entity</u> | | <u>Small Entity</u> | | <u>Small Entity</u> | | |
| <u>Application Type</u> | <u>Fee (\$)</u> | <u>Fee (\$)</u> | <u>Fee (\$)</u> | <u>Fee (\$)</u> | <u>Fee (\$)</u> | <u>Fee (\$)</u> | <u>Fees Paid (\$)</u> |
| Utility | 310 | 75 | 510 | 255 | 210 | 105 | _____ |
| Design | 210 | 105 | 100 | 50 | 130 | 65 | _____ |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 | _____ |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 | _____ |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 | _____ |
| 2. EXCESS CLAIM FEES | | | | | | | |
| | | | | | | <u>Small Entity</u> | |
| | | | | | | <u>Fee (\$)</u> | <u>Fee (\$)</u> |
| Each claim over 20 (including Reissues) | | | | | | 50 | 25 |
| Each independent claim over 3 (including Reissues) | | | | | | 210 | 105 |
| Multiple dependent claims | | | | | | 370 | 185 |
| <u>Total Claims</u> <u>- 20 or HP</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> | | | | | | <u>Multiple Dependent Claims</u> | |
| _____ - _____ = _____ x _____ = _____ | | | | | | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| HP = highest number of total claims paid for, if greater than 20. | | | | | | _____ | _____ |
| <u>Indep. Claims</u> <u>- 3 or HP</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u> | | | | | | | |
| _____ - _____ = _____ x _____ = _____ | | | | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| <u>Total Sheets</u> | | <u>Extra Sheets</u> | | <u>Number of each additional 50 or fraction thereof</u> | | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| _____ - 100 = _____ | | / 50 = _____ | | (round up to a whole number) x _____ | | = _____ | = _____ |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | _____ | |
| Other (e.g., late filing surcharge): Request for Continued Examination (RCE) Fee | | | | | | 810.00 | |

| | | | |
|-----------------------------------|---|-------------------------|--|
| SUBMITTED BY | | | |
| Signature: | Registration No. (Attorney/Agent): 60,465 | Telephone: 412-471-8815 | |
| Name (Print/Type): Bryan P. Clark | Date: May 27, 2008 | | |